

Universal Health Coverage: Policy Guidance by WHO



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Universal Health Coverage (UHC) has been on the global health agenda for several decades by now; the first landmark is the Alma Ata Declaration in 1978 advocated for the Health for All through Primary Health Care concepts and focusing on health of the most deprived and poor populations and communities; The Millennium Development Goals in 2000 illustrated the need to ensure access to preventive and curative health services, and paved the way for the development of the concept of the social determinants of health. In fact, in the 21st century, social factors, such as employment, urban settings, access to clean water, education, etc.... are key determinants, in addition to the health systems structures and performance, in ensuring health of the populations.

Perhaps among all these factors, poverty is the overarching issue affecting social and health equity and reflecting negatively on populations' health and subsequent development. The fact remains that in the past few decades, with the advance of health technologies, the rapid global demographic growth, the repeated economic crises worldwide, and the advent of epidemiologic shifts across the globe, health care has become a very expensive necessity that has a significant effect on poverty and development, especially in the developing countries. Therefore the vicious circle of poverty - ill health has become a key determinant for populations' development. This global context of access to health care and social and health equity lead to resurfacing of the concepts of UHC,

which aim essentially to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.

The UHC is based on three main pillars:

- 1- **Availability of the health services;** this necessitates establishing, staffing and equipping health facilities, that are within reasonable distances from communities and therefore easily accessible; it also entails provision of various types of services at primary secondary and tertiary health care, including preventive, curative and palliative care
- 2- **Quality of the health services;** this necessitates sufficient well trained and motivated human resources, standardized and uninterrupted access to medications and diagnostics, for patient -centered needs -adapted health services
- 3- **Affordability of the health services;** this necessitates a system that can finance health services so that people do not suffer financial hardship and risk impoverishment while using them.

Perhaps the most critical issue in UHC is the health financing component, particularly in developing countries. To help governments achieve their objectives in the face of changing health technology, increasing demands and evolving fiscal constraints, WHO developed a global guidance to orient governments into engaging in a health financing decision cycle that will allow the process of changing towards a UHC. For that practical guidance on some of the action steps can be found in the OASIS approach (Institutional and Organizational Assessment for Improving and Strengthening Health Financing), developed by WHO. OASIS can help in systematically undertaking a health financing system review on the basis of which solutions can be identified and decisions to improve the performance of a health financing system in order to move and accelerate progress towards universal coverage.

THE OASIS APPROACH: SUMMARY OF NECESSARY STEPS

- ACTION 1: ESTABLISHING THE VISION**
- ACTION 2: SITUATION ANALYSIS – UNDERSTANDING THE STARTING POINT**
- ACTION 3: FINANCIAL ASSESSMENT**
- ACTION 4: CONSTRAINT ASSESSMENT**
- ACTION 5: DEVELOP AND FORMALIZE STRATEGIES AND TARGETS FOR CHANGE**
- ACTION 6: IMPLEMENTATION, INCLUDING ASSESSING ORGANIZATIONAL STRUCTURES AND RULES**

On another note, experience throughout the world have demonstrated that in order to achieve UHC, there is a need to engage the private sector, have all stakeholders buy-in, and focus on the ease of access for beneficiaries rather than ease of implementation for government.

Several models of financing UHC have been developed and tested worldwide. There is no “Golden rule” or “one size fits all”. However, one of the most effective ways to provide universal coverage is to share the costs across the population. In this way, people make compulsory contributions – through taxation and/or insurance – to a pool of funds. They can then draw on these funds in case of illness, regardless of how much they have contributed. This model is in favor of social equity, provided taxation mechanisms are also equitable.

In some countries, the pooling of general revenues with insurance payroll taxes has helped improve access to health care. Some countries have taxes earmarked for health, such as taxes on the sale of selected goods considered luxury items, afforded only by the well-to-do, and therefore, considered an additional and more equitable contribution towards ensuring the poor have access to essential services, namely health.

In some countries, a combination of several models is made available such as in Lebanon, whereby a general revenue based model, a taxation model and insurance models are all available, allowing access to care to various populations groups.

It is also worth noting that in the developing countries, where concepts and policies for UHC are only recently being introduced, increased external support is vital. Global solidarity is needed to support the poorest

countries. **However, even if the high-income countries provide the estimated gaps in funds to reach the health-related Millennium Development Goals, UHC will not be achieved without the political commitment for health equity and will of the governments in developing countries to move into that direction.**

In the case of Lebanon, strategic interventions adopted by the MOPH have resulted in a marked decline in Out Of Pocket spending on health, improved health system efficiency with increasing coverage mostly due to targeted health policies on PHC and drugs. The MOPH advocacy efforts in redirecting the Government to give higher priority



to health in the national budgets as domestic financial support remains crucial for implementing a well-structured and sustained universal coverage in the long term.

At the Eastern Mediterranean Region, the following was recommended in December 2013, during the Regional Meeting on Universal Health Coverage in the United Arab Emirates.

In the Area of Enhancing Financial Protection

- UHC requires: more funding for health, increasing compulsory prepayment and pooling, and addressing sources of inefficiency
- Increased funding, protected funding and flexible funding
- Unifying and/or merging health financing pools contributes to enhancing efficiency and equity (horizontal) in providing financial protection

In the Area of Extending Service Coverage

- UHC entails ensuring availability of quality comprehensive essential package of health services and committed qualified health workers
- UHC requires focusing on comprehensive service delivery reform particularly shifting from hospital-based to primary care-based with gate-keeping
- Access to drugs and medicines is crucial in implementing UHC

In the Area of Expanding Population Coverage

- Constant attention needs to be given to the poor and vulnerable and those in the informal sector
- The informal sector can be gradually covered starting with the poor, near poor, children and elderly
- Move from supply driven to demand driven solution – provider-centered to patient centered

In the Area of Monitoring and Evaluation

- Promoting UHC requires measuring where we are and constantly monitoring progress
- Generate regular evidence to feed into policy design in needed and keep improving – implementation research
- UHC requires that political commitment is translated into actionable program – the Regional UHC Framework for Action is an instrument to help put commitments into action
- UHC provides a clear goal with specific targets for Post MDG 2015 goals

Finally, UHC attainment is a well documented reality. However, it is only a reachable goal if Governments commit to it, if people take responsibility in contributing to it, and if global solidarity is ensured. WHO commitment in helping countries move in the right direction, by providing technical guidance, documenting successes, modeling some initiatives, and trying to bridge health and development interventions has become stronger than ever before in view of the pressing global Health and Development challenges of the 21st century.

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